

AGENCY
POSITIONING COMPETENCY-BASED TRAINING CHECKLIST

Name:			Date of Positioning Plan:	Date of Transfer Methods Plan:
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Staff: Title: Shift: Trainer:	T = Staff Trained C = Demonstrated competent implementation of Competency N = Not correct/requires prompting N/A = Not Applicable
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T	C	N	N/A	Each Competency below must be addressed in columns to the left.
				1. Staff can correctly verbalize while referring to positioning plan, when questioned, the correct position for 3 different time periods on their shift (ex., 9AM, Lunch and 2:15PM for Day shift).
				2. Staff can correctly position client in Wheelchair
				3. Staff can correctly position client in Elevated Right side lying
				4. Staff can correctly position client in Elevated Left side lying
				5. Staff can correctly position client in Elevated Supine position
				6. Staff can correctly position client in Elevated Prone position
				7. Staff can correctly position client's hand / wrist splint / elbow splints
				8. Staff can identify what position the person is in when completing oral care.
				9. Staff can identify what position the person is in when completing a shower/bath.
				10. Staff can identify what position the person is in when completing Attends changes.
				11. Staff can verbalize what to do if any "trigger" is observed. (self-correct – position, elevation, alignment)
				14. Staff can verbalize what to do if "trigger" is observed <u>again</u> after self-correction is completed (report to nurse and DOCUMENT Flow Chart that it was reported to the nurse).
				15. Staff can identify all approved transfer methods for client:
				16. Staff can demonstrate an approved transfer.
				17.OTHER:

Comments:

Staff Signature: _____

Date: _____

Trainer Signature: _____

Date: _____